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Improving Nurse Competency with Rapid Response Narrator Documentation

University of San Francisco

Sonam Ghoman, RN

Abstract

Rapid Response Narrator Documentation tool in Epic electronic health record (EHR) is used for scribing purposes during a rapid response event. The RN's are the ones that usually scribe during a rapid response team (RRT) event. This new tool is able to make documentation easier and efficient for nurses. The rapid response documentation tool in Epic has been in place for a little less than six years. This tool allows for the replacement of traditional paper scribing. An additional benefit of the rapid response documentation tool is that it allows for the scribing to be in real time and is up to date on a minute by minute basis. This tool allows for nurses to be able to keep track of medication orders as well as the ability to add any staff that enter the RRT event. Using the Epic tool allows for the nurses to use a one-click method for ordering medications, entering lines and drains, and keeping track of the patient's vital signs. My group and I which consists of 3 CNL students, were able to assess the nurse competency pre and post mock training using surveys. Nurses were trained on all three shifts which included weekdays and weekends, across three different units which included two medical surgical units and one acute rehabilitation unit. We were able to increase nurse competency in utilizing the Epic Rapid Response Narrator Documentation tool through our one on one training sessions. Further recommendations are to have more frequent training for all RN's across all units to increase user competency.

Introduction

The rapid response team is an interdisciplinary team of many healthcare professionals. A rapid response team event is initiated when the nurse determines that the patient's health is deteriorating and they require life saving assistance right away. According to a study that looked at the barriers that are present in rapid response nurse activation it is considered a vital role of the nurse and other specially trained personnel (Clayton, 2019). Another aspect that is crucial for the nurse during a rapid response event is to be able to scribe efficiently and quickly, as the patient's condition changes rapidly in an event the nurse keeps track of all changes.

The Epic EHR incorporates a rapid response documentation tool in its system. The tool allows for the nurses to document what is occurring with the patient's condition including initiation of the rapid response, vital signs, medication and lab orders, drains, lines, and all other treatment provided during the event. The narrator also allows for nurses to enter which healthcare professionals are present during the event by adding staff as they enter the event. At the end of the response nurses are able to have a system generated summary available that shows all documentation that was done during the event. At the end of the response the nurses are able to file and save all documentation for viewing later and this documentation is automatically inserted into the patient's chart. ICU nurses are able to end the RRT response, in case of an accidental end by another nurse the system allows for clearing that error. A pre and post survey was used to determine nurse competency in utilizing this tool.

Description of Problem

Prior to the use of this tool, scribing was traditionally done using paper. Handwritten notes were used to chart for the rapid response event. Digitalizing scribing makes it more efficient and quick for nurses to be able to document while physicians and other healthcare professionals during the response are giving verbal orders. Electronic documentation is more accessible, and portable compared to paper charting, as well its easier to read and makes facilitating an accurate diagnosis and treatment a more efficient process (Heiman et Al., 2014). Having a tool for RRT documentation that all nurses are familiar with and comfortable using is crucial for the best possible patient care outcomes.

The Hospital setting has nurse's scribe during an rapid response event. However, the nurses all have different levels of comfortability and not enough exposure to an RRT event. RRT narrator is readily available via EPIC for all nurses to utilize as a scribe during an event; however, a significant number of nurses in some units don't have experience with RRT events often and therefore don't get enough exposure and practice. Especially with a new tool in place such as the Epic Narrator for rapid response documentation it can be difficult for nurses to be familiarized and comfortable using it. Despite the tool being around for a little less than six years the amount of exposure and practice is limited, this decreases the competency skills of the nurses making it difficult to scribe quickly and efficiently. Training is limited throughout the year for nurses to take part in. Assessment of the problem was done by conducting a pre- survey of all the nurses across the three units. Another cause that was found was the nurses were not able to navigate through the documentation tool smoothly.

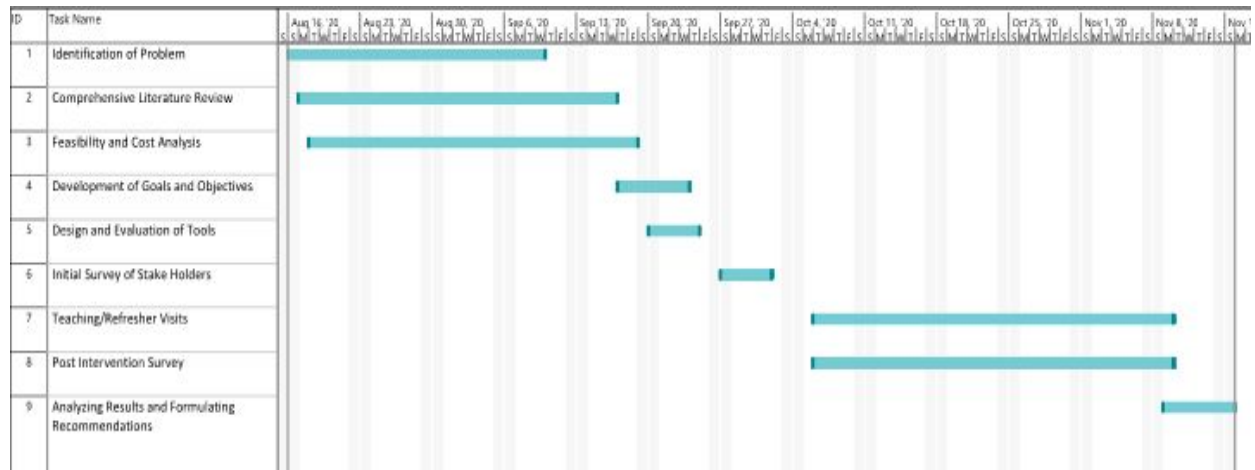


Figure 1. Timeline of Epic Rapid Response Narrator Documentation Mock Training Implementation.

Review of Literature

A comprehensive literature review was performed of all available resources and evidence to support this project as well as to determine best practices for improving nurse competency. Research using the databases CINAHL and Pubmed, as well as Fusion was conducted, using keywords such as, “Medical Scribe”, “RRT”, “Rapid Response Documentation”, “Epic Documentation”, and similar terms. From the evidence that was collected it can be seen that proper documentation methods are essential in the healthcare profession. As well as having a tool to assess the microsystem in which a change is being implemented is important. It is important to have a display of key measures that aid in the performance enhancement of the staff (Nelson et al., 2007).

Evidence shows that education programs for medical emergency teams such as rapid response teams is needed (Kerkham & Brain, 2020). In service opportunities help

nurses gain confidence and comfortability using documentation tools. Scribing electronically aids in providing real time documentation as well there is no loss of handwritten notes by nurses. Electronic records allow for more efficient, legible, and portable documentation as well as organize data efficiently (Heiman et al., 2014). The Epic rapid response documentation tool allows for real time documenting while taking care of other processes during an RRT event.

Although the tool can aid in having better documentation, it is important to realize that another positive impact is better patient outcomes. In a study that looked at rapid response events in hospitalized patients, evidence showed that those patients with prompt RRT initiation and care had less adverse outcomes and improved health outcomes (Austin et al., 2017). Having prompt recognition of signs and symptoms is crucial in an RRT event and having accurate documentation is also equally crucial to having better patient outcomes. There are some barriers that can be present such as nursing shortages, lack in organizational and educational opportunities for nurses and this can lead to poor patient outcomes (Clayton, 2019). To have better patient outcomes and improve nursing competency it is important to implement change.

Change theories help define how a change can be implemented in a microsystem. According to a study that looks at and compares different change theories, it is shown that the first step is unfreeze old habits and bring about changing behavior (Kritsonis., 2005). Having an implementation plan such as a in service training aids in bring about change and increasing familiarity and nursing competency with the tool across all units among all nursing staff.

Theoretical Framework

The theoretical framework we used to implement our change across the three units was Lewin's change theory. This change was implemented by 3 CNL students across 3 units. The change theory consists of three components including unfreezing, movement, refreezing (Kritsonis, 2005). These three stages look at recognizing a need for change, implementing the change, and continuing to promote change until old habits are eliminated entirely. In this project the first step was to unfreeze and that began by hospital system realizing that the nurses are not feeling comfortable and competent scribing during a rapid response event using the Epic rapid response narrator documentation tool.

The first step requires that the nurses be evaluated for current comfortability and competency. A pre-survey was conducted across the three units and a need for exposure and training was determined. The survey question results highlighted the need for change. The second step was to provide movement which included having the mock trainings on a one on one basis with each of the floor nurses on each unit. The training provided a refresher to many nurses and they were able to better understand the tool. However, a large majority of nurses this was a first exposure and they were more comfortable at the end of the training to scribe if an RRT event were to occur.

Lastly the third step is making the change last, therefore after providing a post survey and analyzing the results it was determined that a need for more frequent training and exposure was needed. On top of this another suggestion that was determined was to have not just medical surgical nurses but to give training to all

hospital nurses on all units. Having nursing shortage, poorly planned educational activities and training, as well as organizational safety can lead to nurses not being able to recognize rapid response event signs and the response to initiate an event is delayed causing patient harm (Clayton, 2019).

Microsystem Assessment

The goal of the microsystem assessment evolved around the concept that can the in-person, one-on-one education on Epic RRT Narrator documentation compared to no initial or refresher education increase nurse comfort and competency in navigating the Epic RRT Narrator documentation within three months? To assess the microsystem a 5P's assessment was utilized. "The discoveries that occur in the 5 P's diagnostic process often make the needed improvements clear, and ultimately, the 5 P's inform improvement activities and planning now and in the future" (Nelson et al., 2007). The 5P's look at patient, processes, patterns, professionals, and purpose on each unit.

The patient component looks at patient safety and quality of care. If the nurse is able to recognize signs and symptoms promptly it can decrease chances of health deterioration of the patient. In a study that observed RRT events in hospitalized patients it was determined that RRT patients have signs and symptoms needs that are inconsistently assessed or treated (Austin et al., 2018). It is important to have nurses within the hospital system meet competency standards. The professionals involved in the microsystem assessment are the nurses. The patterns that were present are lack of adequate training opportunities.

All three units consisting of medical surgical, acute rehabilitation were surveyed prior to training. Day, evening, and night shift RN's were surveyed across multiple days and weekends. The survey consisted of asking the RN's on the floor of prior experience using Epic RRT narrator, their comfortability using the narrator and feedback. After initial data collection mock training was conducted on each unit. The training was then evaluated using a post survey rating comfortability post training using the RRT narrator to scribe. This comprises the other components of the 5P's assessment tool.

Intervention

Implementation began with a pre-survey using survey monkey, which consisted of six questions. The questions determined familiarity and competency using the Epic rapid response narrator tool. A little over fifty percent of the nursing staff was surveyed. Analysis of the initial survey shows that floor nurses did not feel comfortable or competent scribing an RRT event. Lastly the process involved a root cause analysis, which was implemented to find the causative factors for lack of comfortability and confidence using the Epic RRT narrator service. Three reasons were identified 1.) Lack of mock training sessions for all RN's, 2.) Lack of exposure as a scribe in RRT events, 3.) Lack of user friendliness in the Epic RRT narrator tool. It was determined that frequent training over a three month period may lead to an increase in nursing competency.

A three month period was used to implement mock training sessions to all nurses across all three floors. Epic playground setting was implemented to create a fail safe space for nurses to practice scribing and become familiarized with the tool. Nurses were

trained on a one on one basis and walked through the documentation process including training on placing orders for medications, labs, and adding attending staff members. Once the training session was completed the nurses were given a printed study guide with step by step instructions on how to use the tool and practice on their own using the Epic playground setting.

Evaluation of the training session was done at the end of each session using a post survey using google poll. The post survey consisted of five questions assessing comfortability and competency post training. There was also a section for improvement suggestion for nurses to provide feedback on the training and use of the Epic RRT documentation tool. Fifty percent of the nursing staff across all three units was provided the survey and they were able to answer the it.

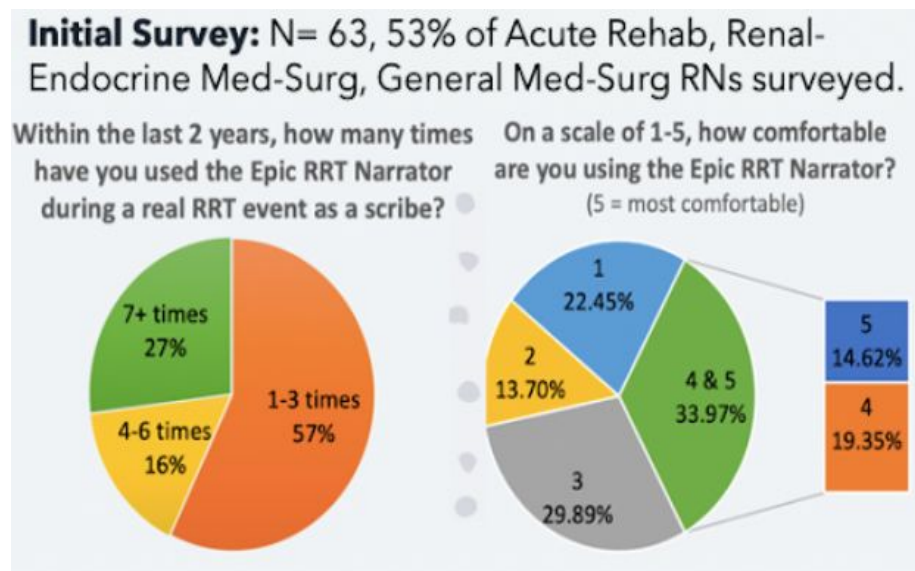


Figure 2: Data Results of the Initial Pre-Assessment Survey

Results

The initial results from the pre-survey show that nurses across all three units were rating their comfortability at the lower level of the scale rating one through five with five being most comfortable. The confidence level was shown to be lower than the post survey results, more nurses answered no rather than yes when asked if they felt confident using the Epic Rapid Response Narrator documentation tool. Initial data shows the need for exposure and training. After the collection and analysis of the initial pre-survey data a training implementation timeline was created.

Across all three units we were able to increase nursing competency and comfortability. The post survey had a hundred percent (100%) response rate showing that all nurses that were provided the training felt confident in using the tool afterwards. When asked if to rate their comfort level from a scale of 1-5, the majority of responses indicated that they were at a four and five level of comfort using the Epic Rapid response narrator documentation tool after being given the training. Aside from the post survey responses the verbal feedback after each training session showed a positive impact towards the usage of the RRT documentation tool. Overall, the results show that 34% of RNs self-rated a 4 or a 5 level in comfortability before education versus 90% post-education. Epic rapid response documentation competency training has made a positive impact within the hospital system and in particular across the three units where training was provided.

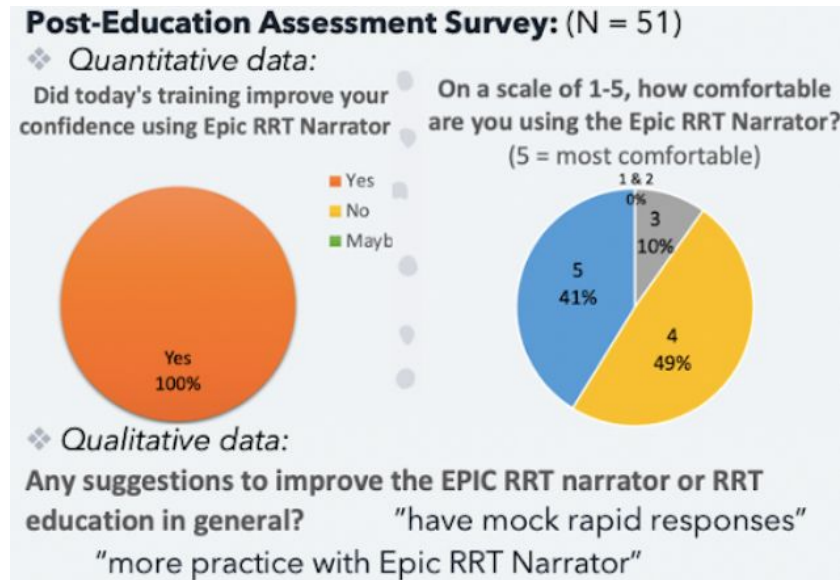


Figure 3: Post-Assessment survey results

Discussion

Overall, our project was well received across all three units. The nurses on each of the three units were open to taking both the pre and post surveys. Nurses were also receptive to the provided in service training provided. The nurses showed appreciation for the opportunity to complete the competency training with provided help. They were cooperative and appreciated the hands on Epic playground approach. The Epic playground setting allowed for the nurses to have a fail safe environment to practice the documentation. A fake patient was assigned to each of the nurses taking part in the training and they were able to complete a full RRT event documentation during the training session.

There was initially some resilience met with busy schedules as the nurses were not able to give full attention due to meeting patient needs. There was also the factor of

lacking prior knowledge of how to use the documentation tool. Another factor is that there were quite a few nurses that had unpleasant experiences during a prior RRT event where they were in charge of documentation. However, after some working out around of schedules and communication the initial resistant was overcome. Nurses were provided training on various days on day shift, evening, and night shift including the weekend shift.

Future Recommendations

Since our project was only implemented across three units of the hospital it would be recommended that future cohorts implement this within the entire hospital system. That will allow for all nurses across all units to be familiarized with an RRT event documentation experience. Another recommendation is that all new hire nurses are provided with Epic rapid response documentation training including the travel nurses. If all new incoming nurses are initially provided with the training they will show greater confidence and competency in using the tool.

Having the training be at least once a year as a refresher for all nurses can be helpful to keep confidence and competency levels high within the hospital system. This way skills are not forgotten and those nurses that need additional help or have questions regarding the tool can also receive the necessary assistance. Lastly, having the tool be more user friendly can make understanding and usage more efficient for the nurses.

Conclusion

Epic Rapid Response Narrator documentation tool is a great way for nurses to scribe during an RRT event. This tool allows nurses to have one place to document as well as keep track of other processes, as well as order labs and medications. An educational project aimed at improving medical emergency team (MET) including rapid response team documentation and other patient care goals such as end of life should be implemented (Kerkham & Brain, 2020). Having well trained nurses during an event aids in having the event smooth transition with optimal patient care outcomes. Our project shows that from collecting the initial survey data through post survey period the number of nurses on the unit feeling confident and comfortable using the tool increased. In order to have a larger impact within the hospital system it is crucial to have training available for all nurses already within the system and for new hires including travel nurses. Throughout this quality improvement project we learned that having a unit-based in service training creates a positive impact in increasing nursing competency and should be implemented systemwide within the hospital.

References

- Austin, C. A., Choudhury, S., Lincoln, T., Chang, L. H., Cox, C. E., Weaver, M. A., Hanson, L. C., Nelson, J. E., & Carson, S. S. (2018). Rapid Response Events in Hospitalized Patients: Patient Symptoms and Clinician Communication. *Journal of pain and symptom management*, 55(3), 946–952.
<https://doi.org/10.1016/j.jpainsymman.2017.11.086>
- Clayton, W.R., (July 19, 2019) "Overcoming Barriers Impeding Nurse Activation of Rapid Response Teams" *OJIN: The Online Journal of Issues in Nursing* Vol. 24, No. 3.
- Heiman, H. L., Rasminsky, S., Bierman, J. A., Evans, D. B., Kinner, K. G., Stamos, J., Martinovich, Z., & McGaghie, W. C. (2014). Medical Students' Observations, Practices, and Attitudes Regarding Electronic Health Record Documentation. *Teaching & Learning in Medicine*, 26(1), 49–55. <https://doi.org/10.1080/10401334.2013.857337>
- Kerkham, T., & Brain, M. (2020). Goals of care conversations and documentation in patients triggering medical emergency team calls. *Internal Medicine Journal*, 50(11), 1373–1376. <https://doi.org/10.1111/imj.14667>
- Kritsonis, Alicia. "Comparison of Change Theories." *International Journal of Scholarly Academic Intellectual Diversity*, vol. 8, no. 1, 2005
- Nelson, E. C., Batalden, P. B., & Godfrey, M. M. (2007). *Quality by design: a clinical microsystems approach*. Hoboken, NJ: John Wiley & Sons, Inc.

Appendix A

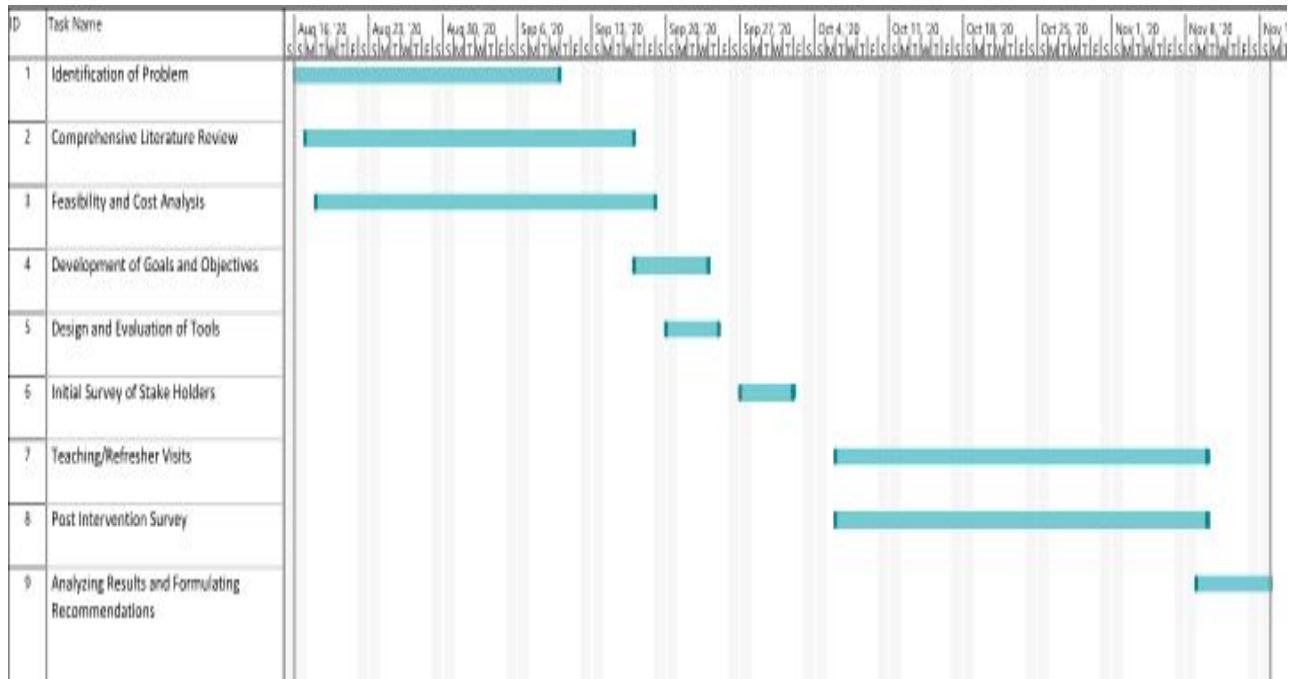


Figure: Timeline of Epic Rapid Response Narrator Documentation Mock Training Implementation.

Appendix B

RRT Training Pre-Assessment Survey

* 1. Which department do you work in?

☐ 4B

☐ 5B

☐ 6B

* 2. Within the last 2 years, how many times have you used the EPIC RRT narrator **during a real RRT event as a scribe?**

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ At least 10

☐ 0

* 3. Within the last 2 years, how many times have you **practiced with the mock EPIC RRT narrator as a scribe?**

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ At least 10

☐ 0

* 4. On a scale of 1-5, how **comfortable** are you using the EPIC RRT Narrator? (5 = most comfortable)

Rate ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

* 5. What do you feel you need help with most?

* 6. Any suggestions to **improve the RRT narrator** or **RRT education in general?**

Powered by
SurveyMonkey
Don't lose any data by canceling a survey.

Figure: Pre-Assessment Survey

Appendix C

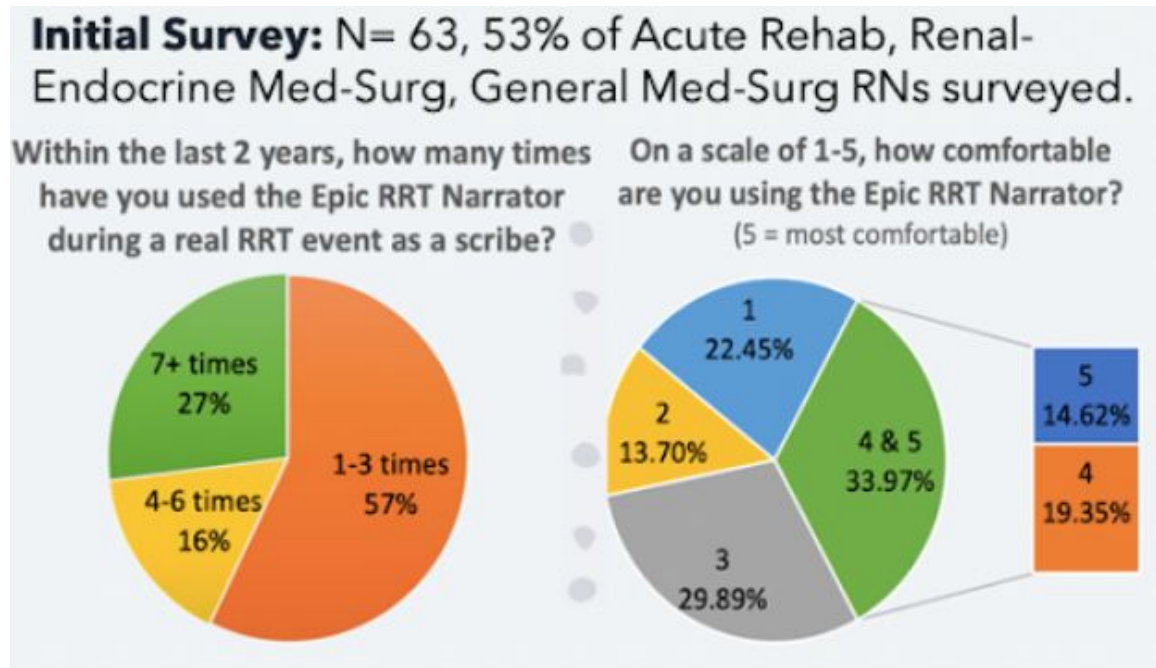
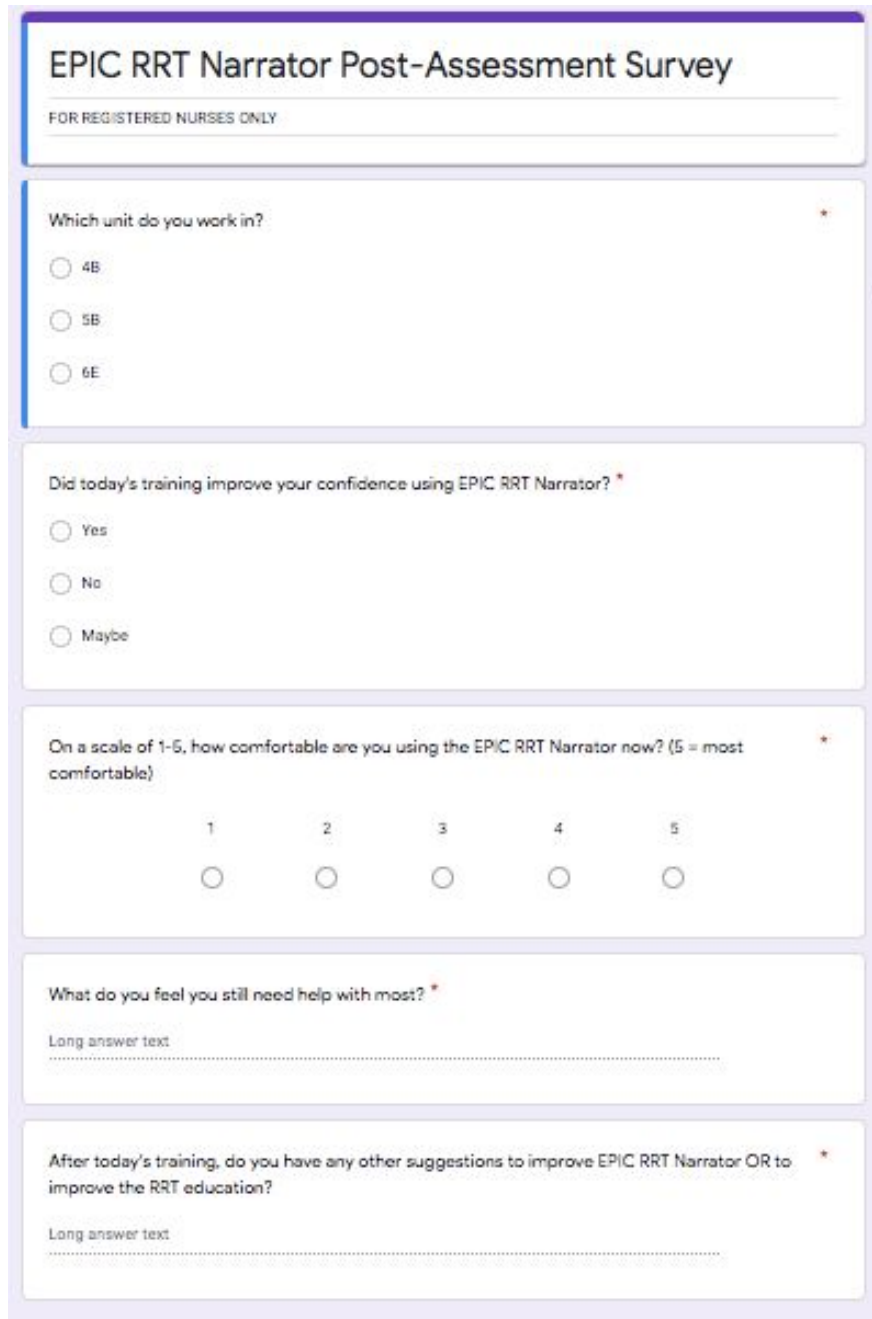


Figure: Pre-Assessment survey result

Appendix D



The image shows a digital survey form titled "EPIC RRT Narrator Post-Assessment Survey" with a sub-header "FOR REGISTERED NURSES ONLY". The form is divided into five sections, each with a red asterisk indicating a required question. The first section asks "Which unit do you work in?" with radio button options for 4B, 5B, and 6E. The second section asks "Did today's training improve your confidence using EPIC RRT Narrator?" with radio button options for Yes, No, and Maybe. The third section asks "On a scale of 1-5, how comfortable are you using the EPIC RRT Narrator now? (5 = most comfortable)" with radio button options for 1, 2, 3, 4, and 5. The fourth section asks "What do you feel you still need help with most?" and the fifth section asks "After today's training, do you have any other suggestions to improve EPIC RRT Narrator OR to improve the RRT education?". Both the fourth and fifth sections include a "Long answer text" input field with a dotted line indicating the text area.

EPIC RRT Narrator Post-Assessment Survey

FOR REGISTERED NURSES ONLY

Which unit do you work in? *

☐ 4B

☐ 5B

☐ 6E

Did today's training improve your confidence using EPIC RRT Narrator? *

☐ Yes

☐ No

☐ Maybe

On a scale of 1-5, how comfortable are you using the EPIC RRT Narrator now? (5 = most comfortable) *

1 2 3 4 5

☐ ☐ ☐ ☐ ☐

What do you feel you still need help with most? *

Long answer text

After today's training, do you have any other suggestions to improve EPIC RRT Narrator OR to improve the RRT education? *

Long answer text

Figure: Post-Assessment survey

Appendix E

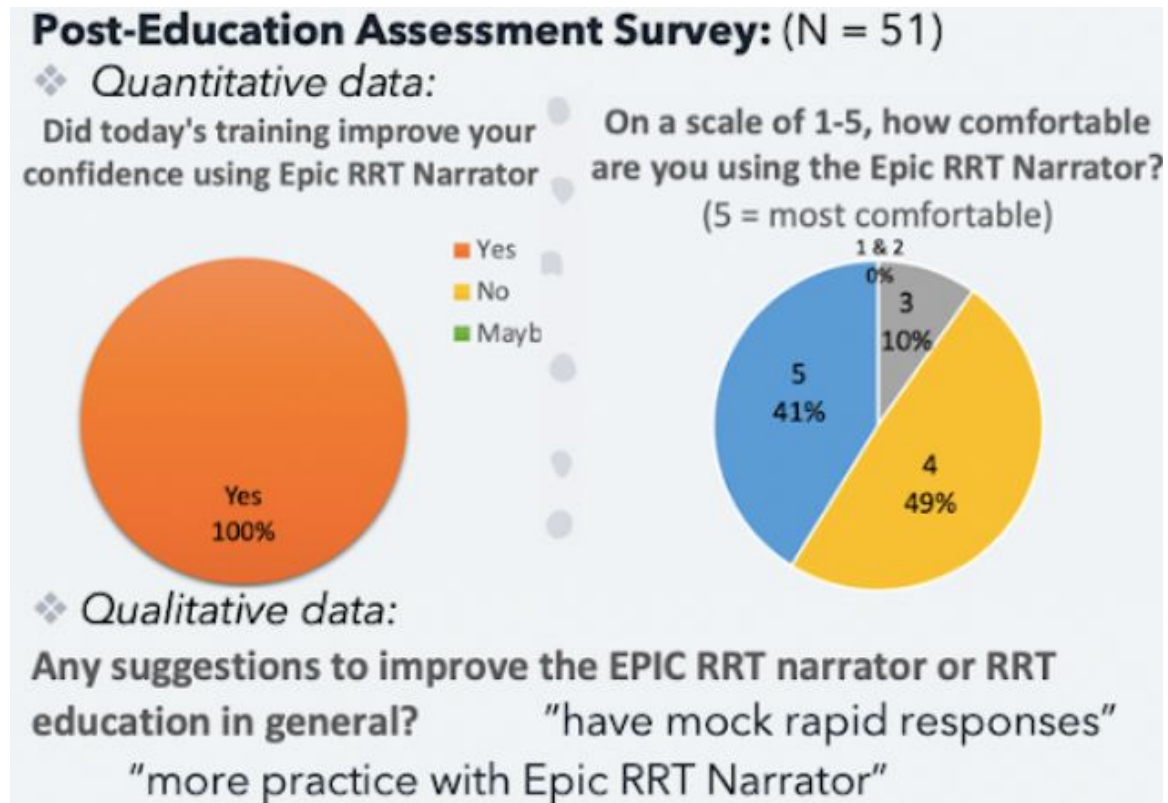


Figure: Post-Assessment survey results

Appendix F

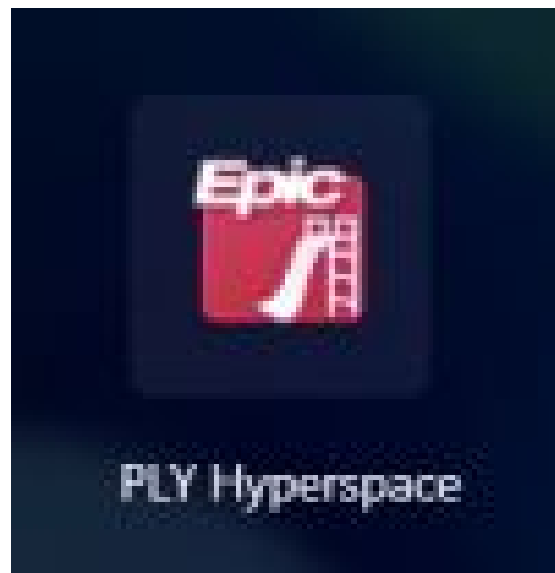


Figure: Epic Playground used for implementing RRT nursing competency training
Reference: <https://www.epic1.org/Portals/0/Academic/How%20Do%20I%20Access%20Epic%20Playground.pdf>